STATEMENT OF

FORM 1	ORGANIZATION (See instructions)				Office use only		
NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example over the	: If typying, type lines	12FE4M	15	
RESPONSIBL	E GOVERNMENT		GULF PO	WER COMPAN	Y EMPLOYI	EES INC	
			шш		ш		
ADDRESS (number and	street) 1 EN	ERGY PLACE					
(Check if address							
is changed)	PENS	ACOLA			L FL	L3	32520
			CITY▲		STATE		ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please	provide only one e-r	mail address)				
(Check if addressis changed)	rfgris	so@southernco	p.com			111	
is changed)							
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)					
(Check if address	s 1 1	1 1 1 1 1 1	1 1 1 1			111	
is changed)							
2. DATE 0.2		2 0 0 9					
3. FEC IDENTIFICA	TION NUMBER		C C0012	0519			
4. IS THIS STATEM	1ENT NEW	(N) OR	X	AMENDED (A)			
I certify that I have exam	ned this Statement and	to the best of my know	wledge and be	lief it is true, correct a	and complete		
	-	ONALD F GRIS	SOM.				
Type or Print Name of	Treasurer	ONALD F GRIS	SOW				
Signature of Treasure	Electronically Filed	by RONALD F	GRISSON	Λ	Date 0) 4 / D	13 Y 2009
NOTE: Submission of fa		plete information may					U.S.C. S437g.
Office Use Only			Fed Tol	further information leral Election Commis Free 800-424-9530 al 202-694-1100			EC FORM 1 Revised 02/2009)